

## SHADE TREE REMOVAL OR PRUNING APPLICATION

PERMIT #: \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

**FEE: \$50.00**

For tree removal, a plan must be provided outlining the trees proposed for removal and the replacement plan. Replacement trees shall be located in the defined SHADE TREE PROTECTION ZONE. Species information for replacement trees must be provided. Replacement trees must be selected from the approved PLANT MATERIALS LIST in the Appendix A of the Malvern Borough Zoning Ordinance. For trees determined to be a risk, a Qualified Tree Risk Assessment from an arborist must be provided as outlined in Chapter 48 of the Malvern Borough Code of Ordinances.

### I. PROPERTY INFORMATION

Applicant/Owner Name: \_\_\_\_\_  
First Last

Contact Information: \_\_\_\_\_  
Business Phone Home or Mobile (Circle) Email

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Property Address (if different): \_\_\_\_\_

Tree Location: \_\_\_\_\_

Tree Description: Species: \_\_\_\_\_ Trunk Diameter: \_\_\_\_\_

### II. DETAILS (Check all that apply)

Applicant is applying to: Remove: \_\_\_\_\_ Prune: \_\_\_\_\_

If the application is to remove a Shade Tree, please provide the following information:

- Health of the tree (e.g., dead, diseased, healthy, etc.): \_\_\_\_\_
- Reason that you wish to remove the tree: \_\_\_\_\_  
*Note: A Qualified Tree Risk Assessment as outlined by Chapter 48 must be provided if the tree is determined to be a risk.*
- Proposed Replacement Tree(s):  
Species: \_\_\_\_\_ Trunk Diameter: \_\_\_\_\_ Location: \_\_\_\_\_

If the application is to prune a Shade Tree, please provide the following information:

- Health of the tree (e.g., dead, diseased, healthy, etc.): \_\_\_\_\_
- Type of pruning to be completed (e.g., severe, trim, etc.): \_\_\_\_\_
- Reason that you wish to prune the tree: \_\_\_\_\_

**SEE REVERSE SIDE FOR SIGNATURE INFORMATION**

**III. APPLICANT SIGNATURE**

The information provided by the applicant named on this document is true and correct to the best of his/her knowledge. Falsified information may result in the revocation of the Zoning Permit and appropriate legal action as is provided by Commonwealth Law.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature** (if different): \_\_\_\_\_ **Date:** \_\_\_\_\_

**IV. BOROUGH REVIEW**

**Amt. Paid:** \$ \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Approved:** \_\_\_Yes \_\_\_No **Permit #:** \_\_\_\_\_

**Building & Code Enforcement Official's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Shade Tree Commission Approval Required: \_\_\_Yes \_\_\_No